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ABSTRACT

The report highlights evaluations from the 1979-80 school year of 18 deaf/blind programs in Texas. Two previous years' findings are noted. Analysis of teacher and administrator questionnaires indicated an increase in the trend toward more uniform structuring of individualized education programs (IEPs). Programs were not as successful as the previous year, however, as indicated by reported goal and objective completions, possibly due to the decrease in the number of objectives below the identified optimum number per goal. The major variables identified as crucial to success were hours of instruction, number of objectives per goal, parental involvement, and years of experience with deaf/blind clients. (Author/CL)

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EVALUATION OF DEAF/BLIND PROJECTS IN TEXAS 1979-80

June 30, 1980

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AN EVALUATION OF DEAF/BLIND PROGRAMS IN TEXAS
FOR THE 1979-80 SCHOOL YEAR

The purpose of this report is to provide the Texas Education Agency and administrators and teachers of deaf/blind programs throughout the state with an analysis of the findings of the evaluation of deaf/blind programs conducted by Powell Associates, Inc. (PAI) during the spring and summer of 1980. Questionnaires were sent to eighteen deaf/blind programs; one questionnaire to each program administrator and 343 to teachers in the program, one to be completed for each deaf/blind student. Of the 343 sent, 313 questionnaires were returned to PAI.

The major objectives of this report are to:

- provide a brief historical perspective of the three year evaluation program
- provide an overview of the findings from the 1977-78 and 1978-79 evaluations
- provide a detailed description of the findings from the 1979-80 school year and compare and contrast these results with last year's whenever possible
- provide TEA with a listing of variables that are associated with projects rated as being successful.

Historical Perspective

Over the past 36 months, the Texas Education Agency (TEA) has been making progress toward implementing a program evaluation system that is based on the Individual Education Plan (IEP) of children served in deaf/blind projects throughout Texas. Under the leadership of the Regional Center for the Deaf/Blind at the Texas Education Agency, some 20 projects

have participated in three annual data collections and two statewide institutes on program evaluation for deaf/blind projects. Powell Associates, Inc., subcontractor to TEA, has conducted the program evaluation effort. The major purpose of this three year study was to:

- Develop a uniform set of descriptors to define the major areas of emphasis to be used in developing IEPs and instructional programs for deaf/blind students.
- Identify a set of program components that are important to the successful implementation of a program for deaf/blind students.
- Analyze the number/percent of goals and objectives accomplished for deaf/blind students.
- Provide a mechanism by which local programs can evaluate both student progress and program implementation on an annual basis.
- Provide a mechanism by which the TEA can implement a uniform evaluation design to enhance services throughout Texas for deaf/blind students and more generally, for severely handicapped students.

Review of 1977-78 Findings

Some of the more pertinent findings from the 1977-78 analysis include:

- A significant number of goals covered more than one area of emphasis.
- Goals written that covered more than one area of emphasis had fewer objectives accomplished that goals listing only one area of emphasis.

- Physical Development, Self Help Skills and Parent Training were the areas of emphasis for which goals were most frequently written.

- Program elements rated as most helpful in accomplishing goals were Personnel Qualifications and Personal Qualities.

- Very few program elements were cited as hindering goal accomplishment (less than 5%), however, those mentioned most frequently were the two personnel related program elements.

Review of 1978-79 Findings

A statewide institute held in fall, 1978 led to the revision and redefinition of areas of emphasis by the administrators and teachers in Deaf/Blind Projects. Subsequently, the annual evaluation found:

- Very few goals were impacting more than one area of emphasis, a significant change from the previous year's findings.

- Success in goal accomplishment was greatest when five to seven objectives were written for that goal.

- The new areas of emphasis are easier to decide upon without losing any information.

- There has been a shift in goal emphasis from the area of Physical Development last year to the area of Communication Skills this year.

- Equipment and Facilities, and Staff Training and Inservice were the two program components found most often to hinder the accomplishment of goals when few objectives of the IEP were accomplished.

These two program components, in addition to Administration, were also found to hinder the accomplishment of goals during last year's evaluation findings; however, Administration and Facilities have dropped significantly in the degree to which they hinder goal accomplishment, whereas Staff Training and Inservice still were viewed consistently from last year's results to the present as hindering the accomplishment of goals.

This 1979-80 report will continue to trace longitudinal changes as well as investigate the overall deaf/blind program and individual projects in significantly greater detail.

1979-80 DEAF/BLIND PROJECT EVALUATION

The analysis of the 1979-80 Deaf/Blind Project data will be more complete than in the previous two years' analyses due to several factors. As we become more sure of the quality and stability of the data, we, at Powell Associates, have the opportunity to investigate and comment on varying aspects of the Deaf/Blind Project with a higher degree of confidence in our statements. The number of clients has increased from 205 last year to 313 students included in this study. In addition, two additional projects reported results this year to bring the total to 18 projects voluntarily reporting achievement in program information.

Data was collected from questionnaires sent to individual teachers for confidential response in self-addressed envelopes in order to obtain more honest and reliable answers. Administrators received a different questionnaire. Both questionnaires are included in an appendix to this report.

This report is divided into three major sections: an overall look at the teacher responses and a second section where teacher responses are detailed by school, age and etiology. The final section is perhaps the most useful in determining rated success or lack thereof in individual programs and in determining the elements which contributed to this success.

OVERALL SUMMARY OF THE STATEWIDE DEAF/BLIND PROJECTS

Section 1

The results will be presented in groupings approximating those found in the questionnaire used for data collection. In some cases the results of this year's data cannot be directly compared to previous years' results due to changes in numbers of areas of emphasis and to data formatting changes. Wherever possible, however, information comparing years will be presented. In addition, percentage figures may not total to 100% due to missing or poor data or simple rounding of numerical responses.

I. THE NUMBER OF GOALS AND NUMBER OF OBJECTIVES PER GOAL HAS STEADILY DECREASED OVER THE THREE YEAR EVALUATION PERIOD

The only areas to have more than one goal, on the average, per child were the Workskill and Cognitive/Intellectual areas which averaged two goals per child. The number of goals per child is down only slightly from last year, while the decrease in number of objectives per goal is significantly less. There were slightly less than two objectives per goal as opposed to over three per goal last year. This is interesting in light of the results of last year's evaluation report distributed to all deaf/blind administrators where it was reported that having between five and seven objectives per goal leads to the best chance of goal accomplishment. The results from this year's evaluation again indicate that having approximately five objectives per goal yields the best chance of success.

Consistent with the above, the average number of children who accomplished all goals in any specific area was 56%, down from a 64% success rate last year. While several factors could influence this decrease in success rate, the noted reduction in number of objectives per goal should be examined by individual projects.

Table I indicates the areas of emphasis, percent of children with goals in that area; and the relative success as measured by percent of completion of objectives per goal. The most noteworthy results concern the family service area.

TABLE 1

AREAS OF EMPHASIS, PERCENT OF CHILDREN WITH GOALS IN THAT AREA AND SUCCESS OF OBJECTIVES

Areas of Emphasis	Average # of Goals	% of Children With Goals In This Area	Number of Objectives Accomplished Per Non-Completed Goal		
			Few	Half	Most
Social/ Emotional	1	53%	44%	35%	21%
Motor/ Physical	1	36%	41%	42%	16%
Communications	1	47%	41%	39%	20%
Functional Living	1	48%	38%	35%	26%
Workskills/ Vocational	2	30%	34%	39%	27%
Cognitive/ Intellectual	2	33%	34%	47%	19%
Family Services	1	89%	53%	21%	26%

The percent of students with goals in the family service area has dramatically increased from less than 10% in 1978-79 to almost 90% this year. The table also indicates the least success in this area (largest

percent with few objectives accomplished) which may in part be attributable to relative inexperience in writing goals for this area.

II. THE MAJORITY OF PROGRAM COMPONENTS WERE RATED AS HELPING TO ACCOMPLISH THE GOAL

In contrast to last year where 68% of the responses showed no variation from "helped to accomplish the goal", only 26% this year showed no variation. The percent of components listed as "helping" was up from last year. It should be noted from Table 2 that Facilities and Transportation received the worst marks as "hindering", while Personnel Qualities received the highest "helped" and lowest "hindered" ratings.

TABLE 2
RATINGS OF PROGRAM COMPONENTS

Program Component	Adjusted Percentage		
	Helped	Hindered	Should Have Helped
Personnel Experience	87%	2%	11%
Personnel Preservice College Training	58%	10%	32%
Personal Qualities of Personnel	92%	1%	7%
Training Opportunities for Existing Staff	69%	6%	25%
Availability of Staff Specialists	55%	12%	33%
Facilities	71%	16%	13%
Equipment	80%	11%	9%
Administration	72%	8%	20%
Transportation	69%	16%	15%

Also noteworthy is the relatively low rating given to staff specialists with only 55% of responses indicating "helped to accomplish the goal".

The contribution of each component when little success (as indicated by few objectives accomplished) was met will now be examined. Table 3 is a comparison across the three year evaluation series of the components "helping" rating.

TABLE 3
COMPARISON ACROSS YEARS OF "HELPING" PROGRAM COMPONENT RATINGS

Program Component	1977	1978	1979
Qualifications	18.3%	36.8%	67.5%
Qualities	17.7%	47.9%	91.0%
Staff Training	18.7%	17.4%	65.0%
Facilities	17.4%	36.9%	56.0%
Equipment	21.7%	37.8%	80.0%
Administration	17.0%	38.1%	64.0%

Not all component comparisons are available due to lack of information from previous years, but information that is available indicates that all components are rated as "helping" substantially more, even when little success is evident.

Table 4 indicates that negative ratings for all components are also down.

TABLE 4
COMPARISON ACROSS YEARS OF "HINDERING" PROGRAM COMPONENT RATINGS

Program Component	1977	1978	1979
Qualifications	38.7%	11.7%	3%
Qualities	37.7%	3.6%	4%
Staff Training	42.5%	18.0%	5%
Facilities	41.4%	26.5%	14%
Equipment	35.0%	8.5%	5%
Administration	41.8%	12.1%	5%

Generally, the trend, regardless of analysis, indicates that teachers are becoming more pleased with the program components' contribution to success.

THE REMAINING RESULTS ARE UNIQUE TO THIS YEAR'S EVALUATION AND ARE NOT COMPARABLE TO PREVIOUS YEARS' RESULTS DUE TO NON-AVAILABLE DATA.

III. THE MAJORITY OF TEACHERS ARE UNAWARE OF THE ETIOLOGY OF THEIR STUDENTS' HANDICAPPING CONDITION

While 45% of the teachers reported "unknown" as the handicapping etiology, a disturbing percentage of teachers were seemingly unaware of the definition of etiology.* Table 5 lists the reported etiologies where occurrence was one percent or greater.

TABLE 5
REPORTED ETIOLOGIES AND RELATIVE OCCURRENCE

Etiology	Percentage
Unknown	44.8%
Rubella	25.2%
Anoxia	2.9%
Cerebral Palsy	1.9%
Congenital	6.1%
Cytomegalic Inclusion Disease	1.0%
Developmental Delay	1.0%
Downs Syndrome	1.3%
Hydrocephaly	2.6%
Meningitis	2.6%
Microcephaly	1.0%
Prematurity	2.2%

* Responses varied from handicapping condition to ethnicity.

Only rubella stands out as a major known causative factor. Teachers were also asked to list the child's major handicapping condition. Table 6 indicates this breakdown.

TABLE 6
PERCENT OF REPORTED HANDICAPPING CONDITIONS

LABEL	PERCENTAGE
Deaf	6.1%
Blind	17.6%
Deaf/Blind	38.7%
Physical	4.2%
Mental Retardation	27.2%
Emotional	.6%

It is interesting to note that while the major handicapping condition listed was deaf/blind, one-fourth of the responses indicated mental retardation as the major handicapping condition.

Table 7 indicates the percent of clients falling into four selected age groups. This grouping was used to facilitate later analyses and, while somewhat arbitrary, does indicate the relative distribution of ages.

TABLE 7
PERCENT OF CHILDREN FALLING INTO SELECTED AGE GROUPS

0-5 Years	6-10 Years	11-15 Years	16 Years & Older
17.9%	15.7%	28.2%	38.2%

IV. WHILE STUDENT AND PARENT INVOLVEMENTS ARE RATED CLOSE TO NEUTRAL OVERALL, THERE IS A CONSIDERABLE VARIATION OF OPINION

A seven point rating scale was utilized to answer the following questions:

- Did the student's behavior interfere with achievement of education goals?
- Did medical problems interfere with instruction?
- Did parents continue programs at home?
- Did parents communicate with the staff?

A mean rating in the range from three to five connotates neither very positive nor very negative affect. Ratings of two and six tend to indicate strong feelings, while ones and sevens indicate very strong affect.

TABLE 8

RATINGS OF STUDENT BEHAVIOR AND MEDICAL PROBLEMS AND PARENTAL INVOLVEMENT ON A SEVEN POINT SCALE

Question Number	Average Response	Percent of #1 Response	Percent of #7 Response
4.4	3.9	14%	14%
4.5	3.4	31%	12%
4.6	3.3	36%	12%
4.7	3.8	30%	16.4%

4.4 Student behavior; 1 - very non-cooperative

4.5 Student medical; 1 - very non-interfering

4.6 Parental programs; 1 - did not continue at home

4.7 Parental communication; 1 - did not communicate with staff

Table 8 summarizes the results of these questions asked in Section 4 of the questionnaire.

The students' behavior tended to be viewed as neutral with 14% feeling both very positive and very negative. It is interesting to compare this result to those obtained in our free response section later in the questionnaire, where 26% of the students were noted as having interfering behavior. Since this 26% includes severe to mild interference, the 14% very negative rating tends to indicate that when behavior problems do exist, they are usually severe.

The question, "Did medical problems interfere with instruction?" yielded mildly surprising results for this group of severely involved students. About one third of the responses indicated no problems at all, with only 12% reporting severe medical problems.

The next two questions are very significant in what they indicate. One third of the parents are very non-cooperative in either continuing programs at home or in communicating with the staff. As will be seen later, this variable will be identified as one of the most crucial for the successful implementation of instructional programs.

V. WHILE THE DEAF/BLIND STAFF IS RELATIVELY INEXPERIENCED, THEY GENERALLY FEEL THAT THIS LACK OF EXPERIENCE DID NOT INHIBIT STUDENT PROGRESS

Table 9 lists the relative percentage of teachers with various years of experience with deaf/blind clients. Even though 63% of the children are served by teachers with two or less years of experience, 87% felt that their experience contributed to the success of the students' programming.

TABLE 9 PERCENT OF CHILDREN IMPACTED BY TEACHERS HAVING TABLED YEARS OF DEAF/BLIND EXPERIENCE	
NUMBER OF YEARS	PERCENTAGE
1 or Less	44%
2	19%
3 - 5	25%
6 - 10	10%
10 or More	2%

Table 10 presents the mean rating and percent of teachers responding in either extreme to questions of preservice and inservice training.

TABLE 10 TEACHER RESPONSE TO PRESERVICE AND INSERVICE TRAINING			
Question Number	Average Response	Percent of #1 Response	Percent of #7 Response
5.1 b	3.5	20%	6%
5.2 a	4.9	5%	22%
5.2 b	4.9	3%	22%

5.1 b - College Training; 1 - no help at all

5.2 a - Topics for Inservice; 1 - not appropriate

5.2 b - Inservice Consultants; 1 - not appropriate

One possible reason for the low rating given to preservice (20% very inadequate) is that the highly specialized treatment required by deaf/blind clients is simply not available from universities.

Given this conclusion, the requirement for strong inservice training is quite evident. Interestingly, inservice topics and consultants were given very high ratings, which is in sharp contrast to the poor ratings observed in the two previous years' evaluations.

Teachers were also asked to rate their staff specialists, if available. Table 11 depicts these results. This table should be interpreted as what percent of clients are being impacted by a specialist rated as being inadequate, average, very good, or not available. Three specialist areas are of note under "percent without services". Given a deaf/blind population where 56% of the clients were listed with a major handicapping condition including vision, 56% did not have regular access to a vision specialist. 54% of the clients had no access to a family counselor (with parental interaction an identified crucial variable) and 64% did not have regular access to a behavioral consultant (while one fourth of the students were indicated as having negative behavior in the free response section). The rest of the Table indicates relative ratings with only the rating of 56% of the aides as being "very good", significantly different from the other staff ratings. It should also be noted that almost half of the staff specialists were rated as "very good" and only 17% "inadequate".

TABLE 11
AVAILABILITY AND RATINGS OF STAFF SPECIALISTS

Type of Specialist	Percent Without Services	Percent Considered Inadequate	Percent Considered Average	Percent Considered Very Good
Vision Specialist	56	25	38	38
Audiologist	32	24	29	47
Family Counselor	54	23	35	42
Child Care Workers	52	15	38	47
Transportation	28	9	57	34
Instructional Supervisor	32	16	33	51
Behavioral Consultant	64	27	42	30
Mobility Instructor	64	19	47	34
Nurse	26	7	43	50
O. T.	27	19	30	51
P. T.	32	18	29	53
Aides	26	5	19	76
Speech Therapist	44	5	45	49
Pre Vocational	45	25	31	44
Physician	38	19	47	34
Average Percent Falling into Category		17	38	45

VI. PROGRAMS WERE ABLE TO PROVIDE 92% OF THEIR SCHEDULED INSTRUCTION

Table 12 presents these results. The very high attendance rate (92% of scheduled instruction was actually spent in instruction) is rather surprising considering the degree of handicapping condition of most clients and the low rated cooperation of parents (more applicable, of course, to day-care programs). 42% of the total instructional time was spent in a one-to-one instruction which tends to indicate favorable student/staff ratios.

TABLE 12
HOURS OF INSTRUCTION

Scheduled Hours	23
Actual Hours	21.1
Ratio of Actual Hours to Scheduled Hours	92%
1:1 Hours	9
Ratio of 1:1 Hours to Actual Hours	42%

VII. THE EQUIPMENT AND AVAILABLE FACILITIES WERE RATED ABOVE AVERAGE

Table 13 gives the mean rating for equipment and the percent of responses in either extreme. Table 14 lists the percent of students who do not have a particular facility or having it, its relative rating. Again, while the overall rating of facilities is good, many projects are noticeably lacking several important facilities.

TABLE 13

TEACHER RATING OF EQUIPMENT

Question Number	Average Response	Percent of #1 Response	Percent of #7 Response
6.1	5.1	5%	24%
6.2	4.5	9%	16%
6.3	4.0	16%	13%

6.1 Equipment; 1 - not at all satisfactory

6.2 Time Taken to Purchase Small Equipment and Supplies; 1 - too long

6.3 Time Taken to Purchase Large Equipment; 1 - too long

TABLE 14

AVAILABILITY AND RATINGS OF FACILITIES

Type of Facility	Percent Without	Percent Considered Inadequate	Percent Considered Average	Percent Considered Very Good
Playground	29	21	46	33
Therapy	57	10	39	51
Adaptive Bath	49	10	42	48
Kitchen	49	8	48	44
Pool	50	10	37	53
Gym	60	0	61	39
Average Percent Falling into Category		10	45	45

VIII. THE FREE RESPONSE TO "WHAT MOST AFFECTED STUDENT PERFORMANCE" TENDED TO CONFIRM SOME STRUCTURED QUESTIONS, BUT NOT OTHERS

Table 15 indicates the percent of positive and negative responses to the free response question of "What most affected student performance?" Teacher Qualities was rated highly as "helping" when teachers were questioned on program component contribution to success as well as in this free response question. Although "other staff" was listed second in importance in the free response section, "other staff" received the lowest ratings on the program component question.

TABLE 15
PERCENT OF TEACHER FREE RESPONSE TO WHAT MOST AFFECTED STUDENTS' PERFORMANCE

Category	Positively Affected	Negatively Affected
Administration	2%	1%
Facilities	5%	4%
Program	15%	8%
Parent	6%	4%
Physical Status	4%	43%
Attendance	2%	10%
Psyche	8%	26%
Teacher Training	8%	3%
Teacher Qualities	30%	0
Other Staff	20%	1%

The physical status of the student was listed 43% of the time as negatively affecting performance, a factor over which teachers have little or no control. However, student psyche (which refers to

the student's willingness to work towards goals and his feelings towards the program and himself) was indicated one fourth of the time as a negative factor. Given appropriate behavioral consultants, this particular negative factor could be reduced. It is noteworthy that almost all factors listed in the free response section are covered in a more structured fashion elsewhere in the teacher questionnaire.

IX. IN RESPONSE TO THE QUESTION "WHAT ARE THE BEST AND WORST ASPECTS OF YOUR FACILITIES?" EQUIPMENT AND ENVIRONMENT WERE MENTIONED AS BEING BOTH WORST AND BEST

Table 16 depicts the breakdown of those items mentioned by teachers. It is somewhat unusual to have the same two items noted as best and worst, but a wide variation between schools most likely is being reflected by these results.

TABLE 16
PERCENT OF TEACHER FREE RESPONSE TO THE BEST AND WORST OF THEIR FACILITIES

Category	Positively Affected	Negatively Affected
Equipment	54%	38%
Size of Facilities	19%	17%
Size of Staff	14%	6%
Environment	24%	38%

Table 17 represents the teacher's response to "What are the best and worst aspects of your supervisory staff?" While many teachers agree that supervisors have a good attitude, this opinion

is very "level" dependent. That is, immediate supervisors were viewed as being very cooperative and understanding, while "higher-ups" were viewed in a more (sometimes very) negative light. The responses, however, did vary considerably from project to project.

TABLE 17

PERCENT OF TEACHER FREE RESPONSE TO THE BEST AND WORST OF THEIR SUPERVISORY STAFF

Category	Positively Affected	Negatively Affected
Attitude	82%	22%
Managerial Demands/ Organization	18%	78%

In summary, fewer goals and objectives are being written with less apparent success; however, changes in goals or objectives structuring could affect this conclusion. Generally, the staff is satisfied with their equipment and facilities and able to complete most of their scheduled instruction. Parental involvement in instructional programs was viewed as being very inadequate in many cases.

1979-80 DEAF/BLIND EVALUATION REPORT

Section 2

BREAKDOWN BY AGE, ETIOLOGY AND PROJECT

This section of the report will compare different projects, ages and etiologies on several variables of interest. Basically, we can look for differences within the variable of interest when specific other variables are examined. For example, it is possible to now make statements such as: younger clients have more parental involvement than do older clients. Given this type of information, we can alter programs or expectations for identified variables.

BREAKDOWN BY AGE

In order to avoid overly complex presentations, tables were constructed using a limit of four age ranges.

I. BREAKDOWN OF ETIOLOGY BY AGE GROUPING

Table 18 lists the distribution of age groups within each etiology. One factor might be evident. Younger clients tend to have the known etiologies, while older clients tend to have unknown etiologies. It should be noted from this data and from field interviews that more children with very severe handicaps are surviving due to heroic medical intervention.

TABLE 18
BREAKDOWN OF ETIOLOGY BY AGE GROUPING

Etiology	Percent in Each Age Group			
	0 - 5	6 - 10	11 - 15	16 and Over
Unknown	10%	17%	23%	50%
Rubella	5%	14%	48%	33%
Anoxia	44%	23%	-	33%
Cerebral Palsy	17%	33%	50%	-
Congenital	17%	6%	27%	50%
Cytomegalic Inclusion	100%	-	-	-
Downs Syndrome	25%	25%	-	50%
Hydrocephaly	43%	29%	-	28%
Meningitis	88%	12%	-	-
Microcephaly	100%	-	-	-
Premature	29%	14%	-	57%

II. PARENT INVOLVEMENT AND MEDICAL PROBLEMS DECREASE WITH INCREASING AGE

Table 19 indicates that the mean rating for student behavior is very consistently neutral over all age groups. Also indicated, in keeping with the age by etiology breakdown, is that the younger clients have more medical problems than do older clients.

Parental involvement decreases dramatically with the age of the client. This could be due to several factors including disenchantment with slow progress. Since parental involvement is such a crucial element, additional attention to this factor is clearly indicated with parents who have children in the older age groups.

TABLE 19

AGE BY AVERAGE RATING OF STUDENT BEHAVIOR AND MEDICAL PROBLEMS AND PARENTAL INVOLVEMENT ON A SEVEN POINT SCALE

Age Group	Question Number			
	4.4	4.5	4.6	4.7
0 - 5	4	4	4	5
6 - 10	4	3	3	4
11 - 15	4	2	2	4
16 and Over	4	2	1	1

4.4 Student Behavior; 1 - non-cooperative

4.5 Student Medical; 1 - non-interfering

4.6 Parental Programs; 1 - did not continue at home

4.7 Parental Communication; 1 - did not communicate with staff

III. WHILE THERE WAS NO DIFFERENCE IN SCHEDULED HOURS OF INSTRUCTION, THE HOURS IN A ONE-TO-ONE SETTING VARIED

Table 20 indicates that all age groups were scheduled for an average of 25 hours per week, but the number of one-to-one hours decreased after age ten.

TABLE 20

HOURS OF INSTRUCTION BY AGE GROUPS

Age Group	Hours of Instruction	
	Scheduled	1:1
0 - 5	25	12
6 - 10	25	12
11 - 15	25	10
16 and over	25	7

The actual hours of instruction was somewhat less for younger clients, but there were no other significant differences.

BREAKDOWN BY ETIOLOGY

The results presented in this section should be viewed with some caution due to the relatively small number of clients in some etiology classifications. Only the questions dealing with student behavior, medical problems and parental involvement will be addressed in this section.

There is no difference between etiologies on the student behavior question with a consistently neutral viewpoint. Downs syndrome, cerebral palsy, rubella and premature clients were consistently mentioned as having no medical problems with all others neutral. Only the parents of clients listed as having cytomegalic inclusion disease were consistently rated as being very involved with instructional programs. On the other hand, parents with children having cerebral palsy, congenital, hydrocephalic, microcephalic, and premature etiologies were listed on the average as being very noncooperative.

BREAKDOWN BY PROJECT

Up to this point in the report, we have viewed the deaf/blind program as a single entity. Obviously, the various projects vary considerably in type of client, funding level and source, environment, and numerous other variables. Thus, it is both unfair to cluster projects together or to make point-by-point comparisons between any two projects. It is, however, necessary to identify projects with specific problem areas or factors that contribute to success in order to investigate any crucial variables. This section should be reviewed realizing that some variable

may not be under the control of specific projects. A listing of project codes and identifiers is included in Appendix C.

I. WHILE THE REPORTED NUMBER OF CHILDREN VARIED CONSIDERABLY FROM PROJECT TO PROJECT, THE NUMBER OF GOALS AND OBJECTIVES PER GOAL DID NOT

Table 21 indicates the considerable variation in number of clients from project to project. The numbers of goals and objectives per child, while not consistent between projects, are less variable than in previous years. An interesting comparison is the number of objectives per goal for each project to the earlier identified optimum number of five objectives per goal.

Table 21 also indicates the two etiologies most mentioned by each project and its reported percentage occurence. There would seem to be a considerable difference between the etiologies reported by projects. Some projects report the majority of students with an unknown etiology, while others seem well-informed of etiologies represented.

Reported average age indicates a considerable variation from project to project with only a slight trend for younger clients to be in smaller projects.

II. SOME PROJECTS INDICATE MORE PROBLEMS WITH STUDENTS AND PARENTS THAN DO OTHERS

Table 22 lists the mean response to the questions concerning students' medical and behavioral problems and to parental involvement.

TABLE 21

PROJECT BY NUMBER OF CLIENTS, GOALS PER AREA, AND OBJECTIVES PER GOAL; ETIOLOGIES REPRESENTED; AND AVERAGE AGE

Project	N of Clients	Goals/ Area	Obj/ Goal	Etiology		Average Age
				1	2	
1	24	1.7	1.6	1-25%	14-17%	5
3	62	1.3	2.1	1-89%	--	18
4	24	3.1	3.0	2-25%	1-21%	7
5	9	2.3	3.0	2-44%	19-22%	7
7	24	1	1.6	2-50%	1-33%	12
8	8	1.7	2.1	1-63%	2-25%	11
9	14	2.6	2.3	1-43%	2-14%	4
10	7	1.4	2	3-57%	1-29%	2
11	17	1.6	1	1-82%	--	13
12	8	2.3	2.7	5-100%	--	19
13	1	3	2.6	1-100%	--	8
14	4	1.9	2.4	2-25%	5-25%	2
15	19	1.2	1.7	1-74%	2-11%	10
16	13	1.6	1.9	2-77%	5-15%	18
17	16	1.3	4.5	2-56%	1-38%	17
18	6	1.4	2.6	1-50%	5-33%	13
19	36	3.7	2.3	2-75%	1-11%	15
20	18	1	2	2-17%	1-11%	18

Code numbers for various etiologies are included in Appendix D.

TABLE 22

PROJECT BY MEAN RATING* OF STUDENT BEHAVIOR AND MEDICAL PROBLEMS AND PARENTAL INVOLVEMENT ON A SEVEN-POINT SCALE

Project	Question			
	4.4	4.5	4.6	4.7
1	--	--	--	--
3	--	2	1	1
4	--	--	--	--
5	--	7	--	--
7	--	1	1	1
8	--	1	2	6
9	-	--	--	--
10	--	--	--	6
11	--	6	1	1
12	--	--	1	1
13	--	1	--	7
14	--	--	--	--
15	--	--	--	--
16	--	1	6	6
17	--	2	1	2
18	2	1	1	6
19	--	2	--	6
20	2	2	1	1

4.4 Student Behavior; 1 = non-cooperative
4.5 Student Medical; 1 = non-interfering
4.6 Parental Programs: 1 = did not continue at home
4.7 Parental Communication; 1 = did not communicate with staff

* Only responses differing from neutral are tabulated.

Only ratings that fall outside of the normal range (3, 4, or 5) are included in the table for simplification. It should be obvious that certain schools indicate problems in several areas while others have none reported. While the nature of those schools which indicate many problems may preclude sweeping changes, some attention in these areas is certainly indicated.

III. NOT ONLY DID PROJECTS VIEW INSERVICE DIFFERENTLY, BUT THERE WAS CONSIDERABLE DIFFERENCE IN OPINION ABOUT COLLEGE TRAINING EFFICIENCY

Table 23 indicates that although there is considerable difference in overall special educational experience, the difference between the number of years working with deaf/blind clients is less. Comparisons with Table 22 (project by student, parent variables) indicate that teachers with more deaf/blind experience tend to have fewer problems with students and parents.

As in Table 22, only when project answers differ from neutral are the responses indicated for the question of staff preparation and inservice. It is interesting to see the wide variation from project to project on college preparation ratings, since the variations within a school tended to be small. The variations on inservice training, however, was smaller than was expected with most of the ratings being high neutral to very positive.

IV. THERE WAS LITTLE CONSISTENCY BETWEEN PROJECTS IN SCHEDULED TOTAL HOURS AND IN ONE-TO-ONE HOURS OF INSTRUCTION

Table 24 indicates that many projects reported 100% (one project reported even more) of scheduled time spent in actual instruction.

TABLE 23

PROJECT BY TEACHER EXPERIENCE, PRE AND INSERVICE RATINGS, ON A SEVEN-POINT SCALE

Project	Years of Experience		Questions on Training		
	Special Ed	Deaf/Blind	5.1	5.2a	5.2b
1	3	1	2	-	-
3	5	1	1	-	-
4	9	2	2	6	6
5	7	2	-	6	6
7	3	2	-	-	-
8	10	2	-	-	-
9	6	6	6	-	6
10	6	1	1	-	-
11	5	3	1	7	-
12	?	1	-	-	6
13	5	5	6	6	6
14	1	1	7	6	7
15	4	1	-	6	6
16	17	5	-	7	7
17	5	2	-	6	6
18	1	1	-	-	-
19	5	3	-	6	6
20	4	1	1	-	-

5.1 College Training; 1 = no help at all
5.2a Inservice Topics; 1 = not appropriate
5.2b Inservice Consultants; 1 = not appropriate

TABLE 24
PROJECT BY HOURS OF INSTRUCTION

School	Actual Hours	Percent of Scheduled	Hours of 1:1	% of Total Hours in 1:1 Instruction
1	20	62%	12	60%
3	22	100%	7	32%
4	20	80%	17	85%
5	20	67%	17	85%
7	15	60%	6	40%
8	30	100%	20	67%
9	27	100%	13	48%
10	18	100%	8	44%
11	2	100%	1	100%
12	3	60%	3	100%
13	30	100%	3	10%
14	1	100%	1	100%
15	15	60%	12	80%
16	32	107%	16	50%
17	42	91%	8	19%
18	25	100%	12	48%
19	30	86%	10	33%
20	5	100%	2	40%

There were no identifiable characteristics (at least from our information) that would indicate why some projects reported less than two-thirds scheduled to actual instruction time versus other projects who reported 100% of scheduled time in instruction.

Table 24 also indicates that there is not only an actual time difference spent in one-to-one instruction between projects, but that the ratio of one-to-one to total time varies considerably from project to project. This variable will be examined more closely when examination of the relative rated success of each project is made.

V. NOT ONLY WAS THERE CONSIDERABLE VARIATION BETWEEN PROJECTS ON PERCEIVED STAFF QUALITY, BUT THERE WAS CONSIDERABLE DISAGREEMENT WITHIN PROJECTS WHETHER SPECIFIC STAFF WERE EVEN AVAILABLE

Table 25 indicates the amount of disagreement within a teaching staff on whether or not a specific support staff is available. For example, 73% should be interpreted as indicating that the teaching staff could not decide whether 73% of the listed support staff was even available. This disagreement is in an area that should be corrected since availability of support staff have an obvious impact on the client.

Table 25 also indicates the percentage of the support staff rated as inadequate and very good. Nurses and teacher aides were consistently rated as very good. A comparison of supervisor and teacher perceptions indicates surprising agreement except for Projects 3, 11 and 17, where considerable disagreement was evident.

TABLE 25
PROJECT BY STAFF SPECIALIST AVAILABILITY AND RATING

Project	% of Disagreement	% Rated Inadequate	% Rated Very Good
1	73%	7%	20%
3	80%	13%	--
4	60%	--	33%
5	7%	--	40%
7	67%	13%	20%
8	33%	7%	7%
9	40%	--	20%
10	--	--	--
11	27%	--	60%
12	--	--	80%
13	--	--	67%
14	13%	7%	7%
15	33%	--	7%
16	87%	7%	47%
17	--	7%	53%
18	27%	20%	7%
19	100%	13%	53%
20	53%	53%	20%

VI. THE MAJORITY OF THE PROJECTS RATED THE EQUIPMENT AS SATISFACTORY AND AVAILABLE IN A TIMELY FASHION

Only Project 3 indicated that the equipment was not satisfactory with Projects 7, 10 and 12 indicating very satisfactory equipment.

Projects 5, 10, 13, and 16 indicated satisfactory time frames for purchase of small and large equipment, while Projects 3, 7 and 18 were very dissatisfied. Again there was substantial agreement between staff and supervisors in most projects with only Projects 3, 11 and 19 showing disagreement.

VII. WHILE FEW PROJECTS RATED FACILITIES INADEQUATE, STAFF STILL COULD NOT AGREE WHETHER SPECIFIC FACILITIES WERE AVAILABLE

While it might be understandable if some teaching staff do not know whether certain staff specialists are available, it should be more obvious that certain facilities are present. Table 26 indicates substantial disagreement between staff within a project on whether specific facilities are available.

Project 12 is an obvious standout with 100% of its facilities being rated very good. There was again substantial agreement between staff and supervisors except Projects 11, 15, 17 and 19.

The breakdown by project indicates considerable differences in student variables but much smaller differences in perceived staff and equipment satisfaction. A large amount of disagreement between staff on a given project is evident when questioned as to the existence of staff specialists and equipment -- a disagreement that should be corrected. Certain projects, however, indicated problems with availability of staff and equipment, as well as disagreement between staff and supervisors. The most frequently mentioned etiology was "unknown" with Rubella mentioned next most frequently. There was no difference between age groups in scheduled hours of instruction, but younger clients were indicated

as having more one-to-one instruction and as having more involved parents.

TABLE 26
PROJECT BY FACILITY AVAILABILITY AND RATING

Project	% of Disagreement	% Rated Inadequate	% Rated Very Good
1	67%	--	--
3	67%	17%	33%
4	100%	--	50%
5	--	--	--
7	33%	--	33%
8	67%	--	--
9	33%	--	33%
10	--	--	17%
11	100%	17%	--
12	--	--	100%
13	--	--	33%
14	--	--	--
15	50%	17%	17%
16	83%	17%	--
17	--	--	67%
18	33%	--	--
19	50%	--	17%
20	17%	--	17%

1979-80 DEAF/BLIND EVALUATION REPORT

Section 3

BREAKDOWN OF SUCCESS RATIOS BY CRUCIAL VARIABLES

This particular section of the report is at once the most controversial and the most potentially useful section. While success with deaf/blind clients has many definitions, the particular definition we have chosen depends solely on reported goal and objectives completions. Crucial to the success of this definition is the writing of appropriate goals and objectives for the clients. We have assumed from analysis of available data and the given dedication of project staff to the deaf/blind child that the goals and objectives are, in fact, appropriate and reasonable. It was beyond the scope of this effort to investigate this assumption on more than three sites, but these few visits tended to support our assumptions.

Basically, we needed to quantify success as reported by number of goals completed and number of objectives completed when the goal itself was not completed. We derived a number, termed a "success ratio" by dividing the number of goals completed by the number of goals attempted and then multiplying this result by a ratio of objectives completed. The objectives completed ratio was computed by assigning a number one, two or three to few, half or many objectives completed. This number was divided by three to form the objectives completed ratio which was then multiplied by the number of goals completed ratio. Thus, low numeric ratios indicated little success and high ratios indicated much success. Rather than present numeric results in our tables, we have chosen a

nominative approach of low, medium, or high success to avoid any statistically inappropriate numeric comparisons. In some cases, results are not tabulated whenever the occurrence is in a category too small to be considered useful or reliable. This situation will be indicated with an NS code in the tables.

I. THERE WAS LITTLE DIFFERENCE IN SUCCESS GIVEN DIFFERENT NUMBER OF GOALS PER AREA, BUT THE SUCCESS RATIOS DID AGREE WITH EARLIER ANALYSIS ON THE OPTIMUM NUMBER OF OBJECTIVES PER GOAL

Table 27 indicates that regardless of number of goals per area there was little success evident in keeping with an earlier observation that 43% of clients achieved no goals in any given area.

TABLE 27
SUCCESS RATIO PERCENTAGES BY NUMBER OF GOALS PER AREA AND NUMBER OF OBJECTIVES PER GOAL

	Goals per Area				Objectives per goal			
Success Ratio	1	2	3-5	>6	1	2	3-5	>6
Low	92%	85%	82%	NS	40%	30%	20%	NS
Middle	--	6%	7%	NS	23%	32%	37%	NS
High	8%	9%	11%	NS	37%	30%	43%	NS

The table should be interpreted as, for example, "given only one goal per area, 92% of the clients showed low success ratios and therefore, little success. No clients showed middle ratios and 8% of the clients were indicated as having high success ratios."

There was little discernable difference between number of goals per area, but there was a considerable positive benefit for writing between three and five objectives per goal. This is evident by comparing the percent of success ratios rated as low, middle, and high in each category of number of goals per area and each category of number of objectives per goal. For example, given one objective per goal, 40% of the success ratios are low versus only 20% low for three to five objectives per goal.

Table 28 indicates the distribution of success ratios for specific areas of emphasis.

TABLE 28
SUCCESS RATIO PERCENTAGES BY AREA OF EMPHASIS

Area of Emphasis	Success Ratio		
	Low	Middle	High
Social/Emotional	85%	14%	1%
Motor/Physical	69%	29%	2%
Communication	79%	21%	-
Functional Living	81%	18%	1%
Work skills/Vocational	90%	10%	-
Cognitive/Intellectual	78%	22%	-
Family Services	98%	2%	-

In this particular table, the larger the percent in the "low" column, the lower the success. Again reflecting earlier conclusions, family service goals met with little success while motor/physical areas met with reasonable success.

II. RATED SUCCESS DOES NOT DIFFER BY AGE GROUPING

Table 29 represents the success ratio distribution by age. As can be seen, there is little difference in this distribution of success ratios across age groupings. It can thus be inferred that age is not a crucial variable in determining likelihood of success of an IEP goal.

TABLE 29
SUCCESS RATIO PERCENTAGES BY AGE GROUPING

Age Grouping (Years)	Success Ratio		
	Low	Middle	High
0 - 5	89%	4%	7%
6 - 10	90%	3%	7%
11 - 15	90%	4%	6%
16 and over	92%	3%	5%

III. ACTUAL OVERALL HOURS OF INSTRUCTION AND HOURS OF ONE-TO-ONE INSTRUCTION ARE BOTH ASSOCIATED WITH PERCEIVED SUCCESS

Table 30 represents the success ratios associated with hours of one-to-one instruction.

TABLE 30
SUCCESS RATIO PERCENTAGES BY HOURS OF 1:1 INSTRUCTION

Success Ratio	Hour Groupings of 1:1 Instruction			
	0 - 5	6 - 10	11 - 15	16 and over
Low	54%	42%	24%	20%
Middle	27%	22%	53%	26%
High	19%	36%	23%	54%

The hours of overall instruction are not presented as they are comparable to the hours of one-to-one instruction. Comparisons can be made using this success by hours of one-to-one instruction to the hours of one-to-one instruction noted for individual projects in Table 24.

IV. WHILE STUDENT BEHAVIOR AND MEDICAL PROBLEMS SEEM NOT TO BE ASSOCIATED WITH SUCCESS, PARENTAL INVOLVEMENT MOST CERTAINLY IS

Table 31 represents the response most given to the questions in Section 4 of the questionnaire. There is little or no difference between the distribution of low and high success ratio associated with student behavior or medical problems. Quite a different picture is evident when parental involvement is examined. There appears to be no success with no involvement and total success with total involvement. This result tends to indicate that the importance of parental involvement in instructional program cannot be overemphasized.

TABLE 31

SUCCESS RATIO PERCENTAGES BY RATED STUDENT BEHAVIOR AND MEDICAL AND PARENTAL INVOLVEMENT ON A SEVEN POINT SCALE

Success Ratio	Question Number			
	4.4	4.5	4.6	4.7
Low	4	1	1	1
Middle	5	1	4	7
High	5	1	7	7

4.4 Student behavior; 1 - non-cooperative

4.5 Student medical; 1 - non-interfering

4.6 Parental programs; 1 - did not continue at home

4.7 Parental communication; 1 - did not communicate with staff

V. YEARS OF EXPERIENCE IN DEAF/BLIND SEEMS TO BE A VALID PREDICTOR OF SUCCESS, WHILE YEARS IN GENERAL SPECIAL EDUCATION IS NOT

Table 32 represents the percentage of success ratios, low middle and high, for both teacher years in special education and in deaf/blind. There is a fairly consistent relationship between more success being associated with more years in deaf/blind. The relationship between years in special education and success is complex, but may indicate a greater chance of high success with fewer years in special education; perhaps reflecting more specialized preparation initially in deaf/blind as opposed to general experience with little specialized training. This data, however, is open to many interpretations.

TABLE 32

SUCCESS RATIO PERCENTAGES BY YEARS OF EXPERIENCE IN GENERAL SPECIAL EDUCATION AND DEAF/BLIND

	Years in Special Ed			Years in Deaf/Blind		
Success Ratio	1-2	3-5	6-10	1-2	3-5	6-10
Low	40%	40%	29%	42%	27%	19%
Middle	19%	28%	53%	22%	30%	74%
High	41%	32%	18%	NS	NS	NS

Greater than 10 years had insufficient occurence for comparison

VI. THE SUCCESS RATIOS WERE HIGHER GIVEN THE PRESENCE OF STAFF SUPPORT AND HIGHEST WHEN THEY WERE RATED VERY GOOD

Not surprisingly, when support staff are present, success ratios are higher. When they are rated very good, success ratios are highest. There was a greater difference between inadequate and average than average and very good, indicating that even the presence of average staff is a great help to success, while inadequate staff seems to be of almost no help. Again, comparisons can be made of staff ratings by project given earlier in this report in Table 25. It should also be noted that while the relationship is high between staff availability and success, it is not nearly as strong as the relationship between success and parental involvement, and hours of one-to-one instruction.

VII. THE SUCCESS RATIO RELATIONSHIP TO EQUIPMENT WAS MUCH THE SAME AS FOR STAFF

Given satisfactory equipment and facilities, high success ratios are evident. Again, while there is a consistent relationship between these variables, it is not nearly as strong as the relationship between the success and staff or success and parental involvement variables.

VIII. THE DEGREE OF SUCCESS VARIES CONSIDERABLY FROM PROJECT TO PROJECT

The presentation of these results is not intended to criticize individual projects, but rather to set up a comparison of the characteristics of each project to determine the salient differences which lead to differential success. Table 33 presents the distribution of success ratios by project.

TABLE 33
PERCENTAGE DISTRIBUTION OF SUCCESS RATIOS BY PROJECT

Project Number	Success Ratio		
	Low	Middle	High
1	76%	18%	6%
3 +	94%	6%	-
4 *	67%	24%	9%
5	89%	8%	3%
7	88%	4%	8%
8	64%	2%	34%
9 *	46%	46%	8%
10	84%	10%	6%
11 +	97%	3%	-
12	89%	9%	2%
13	86%	14%	-
14	89%	7%	4%
15	83%	13%	4%
16	70%	9%	21%
17	90%	9%	1%
18	67%	29%	4%
19 *	51%	39%	10%
20 +	100%	-	-

* Project rated as high success project for later comparison.

\+ Project rated as low success project for later comparison.

Rather than comment on each project, we have taken the top and bottom three projects (considering only those with more than ten students) and compared them in the next section.

IX. THE TOP AND BOTTOM PROJECTS DIFFER ON SEVERAL CRUCIAL VARIABLES IDENTIFIED EARLIER IN THIS REPORT

Table 34 presents various comparisons between the high (Numbers 4, 5, and 19) and low (Numbers 3, 11, and 20) success rated projects. Age, etiology, and number of goals per area earlier were reported not to be associated with success ratios. However, large differences exist in one-to-one hours of instruction, total hours of instruction, and number of objectives per goal; all of which have been shown to be crucial to high success.

TABLE 34

COMPARISON OF HIGH AND LOW SUCCESS PROJECTS ON AVERAGE CLIENT AGE, ETIOLOGY, HOURS OF INSTRUCTION, AND NUMBERS OF CLIENTS, GOALS, AND OBJECTIVES

Success Rating	Comparison Variables						
	Age	Hours Instr.	Hours of 1:1	N of Clients	Primary Etiology	Goals/ Area	Obj/ Goal
Low	16.3	9.6	3.6	32	unknown	1.3	1.7
High	8.7	25.6	13.3	25	Rubella	2.5	2.5

While Table 35 indicates some difference between projects, these differences are not large enough to account for the large differences in reported success. The difference in years of deaf/blind experience is somewhat deceptive since there was a considerable overlap between high and low projects.

TABLE 35

COMPARISON OF HIGH AND LOW SUCCESS PROJECTS ON AVERAGE RATINGS OF EQUIPMENT AND STAFF AND TEACHER EXPERIENCE IN SPECIAL EDUCATION AND DEAF/BLIND

uccess ating	Comparison Variables					
	Equipment		Staff		Years Experience	
	Inadequate	Very Good	Inadequate	Very Good	Spec. Ed.	Deaf/Blind
Low	17%	25%	33%	40%	4.7	1.7
High	--	33%	13%	35%	6.7	3.6

The differences between rated behavior and medical problems is probably a non-significant contributor to success as discussed earlier. The differences seen in Table 36 between parental involvement for the high and low projects is very significant. As can also be seen in Table 36, the overall difference in the distribution of success ratios is considerable.

TABLE 36

COMPARISON OF HIGH AND LOW SUCCESS PROJECTS ON AVERAGE RATED STUDENT BEHAVIOR, MEDICAL PROBLEMS, AND PARENTAL INVOLVEMENT AND SUCCESS RATIOS

Success Rating	Comparison Variables						
	Student Behavior	Student Medical	Parent Programs	Parent Commun.	Success Ratio		
					Low	Middle	High
Low	2.7	3.3	1	1	96%	4%	--
High	4	3	4.3	4.9	55%	37%	8%

In summary, the crucial variables associated with projects rated as having little or no success and those with considerable success are hours of instruction, both total and one-to-one, number of objectives per goal, parental involvement, and to a lesser degree years of deaf/blind experience. With the exception of parental involvement, these variables should be under the control of individual projects given sufficient funding. It should be possible to influence even parental involvement given appropriate staffing and goals.

APPENDIX A

Powell Associates, Inc. 3724 Jefferson, Suite 205 Austin, TX 78731 (512) 453-7288

Dear Project Director:

You recently received some correspondence from Mr. Kenneth Crow, Director of Special Education Developmental Services at the Texas Education Agency. The letter, dated April 8, was in reference to the upcoming evaluation of Deaf/Blind Programs being coordinated by Powell Associates, Inc. The enclosed package of forms pertain to that evaluation.

There are two different forms included in this package. The bulk of these forms is to be completed by your teachers, while one set of forms specific to administrators is to be completed by you. As per Mr. Crow's letter, each teacher should fill out a set of forms for her students (only one form per student) and return them in the self-addressed and stamped envelope. You should complete only your form and return it in the envelope provided. We would appreciate your prompt attention to this matter in order to reduce the end of the school year paper burden. All forms should be returned by June 1, 1980. If you need additional forms, please reproduce them as necessary.

If you or any teacher have questions, you may contact Anthony Howes or David Stamman via this toll-free number: 800/252-9178.

Sincerely,

George Powell, Ph.D.

yh

Enclosure

DIRECTIONS TO SECTION 1

.0 For each of the nine program components:

-- check the appropriate descriptor that best exemplifies the impact each component had on your particular deaf/blind project.

-- only one descriptor per program component should be checked for your project.

Program Component Definitions

1.1 Personnel Experience - experience -- the kind, variety, and amount of formal work or informal encounters that program staff (including administrators, supervisors, teachers, related services personnel and child-care workers) have had with normal and/or handicapped students in educational or other situations.

1.2 Personnel Preservice College Training - education -- the level and kind of pre-service education, formal and informal training, of the program staff.

1.3 Personal Qualities of Personnel - personality, leadership, creativity, openness, willingness to carry out assigned duties, and commitment to quality education for deaf/blind.

1.4 Training Opportunities for Existing Staff - the amount, appropriateness, variety, and accessibility of opportunities for all staff (including administrators and aides) to attend sessions which update their knowledge of deaf/blind education.

1.5 Availability of Staff Specialists - personnel with specialty training, such as audiologist, occupational therapist, or physical therapist.

1.6 Facilities - the size, location, and physical qualities of the classroom(s), and the characteristics and size of the deaf/blind and regular school population.

1.7 Equipment - the appropriateness, availability, and durability of the equipment and materials.

1.8 Administration - the philosophy and policies of the administration, the availability of funding and funding restrictions, staff organization and coordination of related services, and the kind of program that is in operation (residential, day-school, resource room, etc.).

1.9 Transportation - specially equipped bus or van and trained drivers.

ADMINISTRATOR CHECKLIST

.0 Which of the three descriptors best reflects the impact which each of the program components had on your deaf/blind project? Check only one descriptor per program component.

HELPED TO ACCOMPLISH THE GOALS	HINDERED THE ACCOMPLISHMENT OF THE GOALS	SHOULD HAVE HELPED TO ACCOMPLISH THE GOALS BUT DID NOT	PROGRAM COMPONENT
____	____	____	1.1 Personnel experience
____	____	____	1.2 Personnel preservice college training
____	____	____	1.3 Personal qualities of personnel
____	____	____	1.4 Training opportunities for existing staff
____	____	____	1.5 Availability of staff specialists
____	____	____	1.6 Facilities
____	____	____	1.7 Equipment
____	____	____	1.8 Administration
____	____	____	1.9 Transportation

DIRECTIONS TO SECTIONS 2 AND 3

2.0 Complete the blank or circle the number which best reflects your opinion of staff.

Item 2.1a -- This is the only question in Section 2 that specifically pertains to you. The rest involve your staff. Please answer accordingly.

Item 2.3 -- If you have more than one staff member providing a particular service, check the descriptor which most adequately reflects the combined effectiveness of all staff.

3.0 Complete the blank or circle the number which best reflects your opinion of equipment.

Items 3.2 and 3.3 -- These items refer to equipment and materials purchased during the regular school year through normal channels. The use of petty funds to purchase small equipment should not be considered in Item 6.2.

STAFF SPECIFIC

a How many years of experience have you had in Special Education? ____ in Deaf/Blind?_____

b Did your staff's college training adequately prepare them with beginning level skills to work with these particular students? no help at all 1 2 3 4 5 6 7 best possible

a Were the topics for inservice appropriate this year? NO 1 2 3 4 5 6 7 YES

b Were the inservice consultants' presentations appropriate? NO 1 2 3 4 5 6 7 YES

Did you have the services of the following staff?
If yes, rate them: 1-inadequate, 2-average, 3-very good

	NO	1	2	3		NO	1	2	3
Vision Specialist	___	___	___	___	Nurse	___	___	___	___
Audiologist	___	___	___	___	O.T.	___	___	___	___
Family Counselor	___	___	___	___	P.T.	___	___	___	___
Child Care Workers	___	___	___	___	Aides	___	___	___	___
Transportation	___	___	___	___	Speech Ther.	___	___	___	___
Instructional Super.	___	___	___	___	Pre Voc	___	___	___	___
Behavioral Consultant	___	___	___	___	Physicians	___	___	___	___
Mobility Instructor	___	___	___	___	Teachers	___	___	___	___

EQUIPMENT

Was the equipment satisfactory? not at all 1 2 3 4 5 6 7 very

Were small equipment and materials purchased in a timely fashion? not at all 1 2 3 4 5 6 7 very much so

Was large equipment purchased in a timely fashion? not at all 1 2 3 4 5 6 7 very much so

Do you have these facilities? If yes, rate them: 1-inadequate, 2-average, 3-very good

	NO	1	2	3		NO	1	2	3
Playground	___	___	___	___	Kitchen	___	___	___	___
Therapy room	___	___	___	___	Pool	___	___	___	___
Adaptive bathrooms	___	___	___	___	Gym	___	___	___	___

DIRECTIONS TO SECTION 4

4.0 Answer the questions to the best of your knowledge. You may include additional pages if necessary.

Item 4.5 -- In figuring the per pupil cost for the ten month school year, please consider the following.

Do Not Include:

. . Child Care Aids
. . Medical Costs other than Assessment
. . Facility Rental
. . Meals (morning, noon and evening)
. . Costs for transporting students

Include:

. . Staff
. . Administration
. . Inservice Training
. . Supplies, Equipment, and Materials for the Instructional Program and Administration
. . Assessment
. . Special Services

GENERAL QUESTIONS

4.1 In your opinion, what most affected these students' achievement of educational goals?

4.2 What are the best and worst aspects of your facilities?

4.3 What are the best and worst aspects of your staff?

4.4 What suggestions do you have for deaf/blind projects, and what do you do to prevent disenchantment or "staff burnout"?

4.5 If possible, estimate the per pupil cost for your deaf/blind program for the ten month school year. Do not include costs related to food and housing (see instructions).

APPENDIX B

April 1980

Dear Teacher:

For each of your deaf/blind students you are to complete one three-page set of evaluation forms. If you were responsible for completing similar forms last year, you will recall that separate forms were filled out for every goal written for each student. This has been changed to make your task less time-consuming. This year a separate form should only be completed for each student, not for each goal.

Please take a few moments to read through the instructions before completing the three-page evaluation form. A special effort has been made on our part to eliminate any confusion you may have encountered in the past when completing the forms. It is important that the information you provide accurately reflects the student for whom you are completing the forms. If you have any questions regarding the forms, please contact evaluators Anthony Howes or David Stamman via this toll-free WATS number: 800-252-9178.

After you have completed the evaluation, please return the form in the self-addressed and stamped envelope provided. There is no need to identify yourself on these forms or to have anyone else at your project review them before mailing.

The results of this data collection effort will be summarized (without student or teacher identifiers) for the entire state and made available to your supervisors. If you are interested in reviewing the final report, please contact your supervisor.

Sincerely,

George Powell

DIRECTIONS TO SECTIONS 2 AND 3

Please complete one form for each student

2.0 Please fill in or check:

- -- the number of goals written for each of the seven areas of emphasis
- -- the number of goals completed per area of emphasis
- -- the average number of objectives written per goal
- -- for each non-completed goal, indicate whether few, half, or most of the objectives were accomplished (where few refers to less than 25%, half refers to 25% to 75%, and most refers to more than 75%).

3.0 For each of the nine program components:

- -- check the appropriate descriptor that best exemplifies the impact each component had toward the completion of goals addressed in the IEP
- -- only one descriptor per program component should be checked

Program Component Definitions

3.1 Personnel Experience - experience -- the kind, variety, and amount of formal work or informal encounters that program staff (including administrators, supervisors, teachers, related services personnel and child-care workers) have had with normal and/or handicapped students in educational or other situations.

3.2 Personnel Preservice College Training - education -- the level and kind of pre-service education, formal and informal training, of the program staff.

3.3 Personal Qualities of Personnel - personality, leadership, creativity, openness, willingness to carry out assigned duties, and commitment to quality education for deaf/blind.

3.4 Training Opportunities for Existing Staff - the amount, appropriateness, variety, and accessibility of opportunities for all staff (including administrators and aides) to attend sessions which update their knowledge of deaf/blind education.

3.5 Availability of Staff Specialists - personnel with specialty training, such as audiologist, occupational therapist, or physical therapist.

3.6 Facilities - the size, location, and physical qualities of the classroom(s), and the characteristics and size of the deaf/blind and regular school population.

3.7 Equipment - the appropriateness, availability, and durability of the equipment and materials.

3.8 Administration - the philosophy and policies of the administration, the availability of funding and funding restrictions, staff organization and coordination of related services, and the kind of program that is in operation (residential, day-school, resource room, etc.).

3.9 Transportation - specially equipped bus or van and trained drivers.

0 School _____

0 Fill out the information for each addressed area:

Areas of Emphasis	Number of Goals per Area	Number of goals completed	Average Number of objectives/ per goal	Per non-completed goal, the number of objectives accomplished
2.1 Social/ Emotional	_____	_____	_____	Few___ Half___ Most___
2.2 Motor/ Physical	_____	_____	_____	Few___ Half___ Most___
2.3 Communications	_____	_____	_____	Few___ Half___ Most___
2.4 Functional Living	_____	_____	_____	Few___ Half___ Most___
2.5 Workskills/ Vocational	_____	_____	_____	Few___ Half___ Most___
2.6 Cognitive/ Intellectual	_____	_____	_____	Few___ Half___ Most___
2.7 Family Services	_____	_____	_____	Few___ Half___ Most___

0 Which of the three descriptors best reflects the impact which each of the program components had toward the completion of goals addressed in this student's IEP? Check only one descriptor per program component.

HELPED TO ACCOMPLISH THE GOALS	HINDERED THE ACCOMPLISHMENT OF THE GOALS	SHOULD HAVE HELPED TO ACCOMPLISH THE GOAL BUT DID NOT	PROGRAM COMPONENT
____	____	____	3.1 Personnel experience
____	____	____	3.2 Personnel preservice college training
____	____	____	3.3 Personal qualities of personnel
____	____	____	3.4 Training opportunities for existing staff
____	____	____	3.5 Availability of staff specialists
____	____	____	3.6 Facilities
____	____	____	3.7 Equipment
____	____	____	3.8 Administration
____	____	____	3.9 Transportation

DIRECTIONS TO SECTIONS 4, 5 AND 6

4.0 Complete the blank or circle the number which best reflects your opinion of the student and parents.

Item 4.2 -- Scheduled hours of instruction refers to the actual amount of time that instructional staff was scheduled to see this particular student.

Actual hours of instruction per week will be an estimate of the time spent instructing the student. This estimate would reflect time lost for absences.

Item 4.3 -- Hours per week spent in a one-to-one setting with teacher, aide or therapist should only be an estimate of instructional time with this particular student when no other student was present.

5.0 Complete the blank or circle the number which best reflects your opinion of staff.

Item 5.3 -- If you have more than one staff member providing a particular service, check the descriptor which most adequately reflects the combined effectiveness of all staff.

6.0 Complete the blank or circle the number which best reflects your opinion of equipment.

Items 6.2 and 6.3 -- These items refer to equipment and materials purchased during the regular school year through normal channels. The use of petty funds to purchase small equipment should not be considered in Item 6.2.

STUDENT AND PARENT SPECIFIC

1 Etiology _____ Primary handicapping condition _____ Age _____

2 Scheduled hours of instruction per week _____ actual hours per week _____

3 Hours per week spent in a one-to-one setting _____

4	Did the student's behavior interfere with achievement of educational goals?	very non-cooperative	1	2	3	4	5	6	7	very cooperative
5	Did medical problems interfere with instruction?	very little	1	2	3	4	5	6	7	very much
6	Did parents continue programs at home?	not at all	1	2	3	4	5	6	7	most possible
7	Did parents communicate with the staff?	not at all	1	2	3	4	5	6	7	most possible

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STAFF SPECIFIC

1a Years of experience in Special Education _____ in Deaf/Blind _____

1b	Did your college training adequately prepare you with beginning level skills to work with this particular student?	no help at all	1	2	3	4	5	6	7	best possible
2a	Were the topics for inservice appropriate this year?	NO	1	2	3	4	5	6	7	YES
2b	Were the inservice consultants' presentations appropriate?	NO	1	2	3	4	5	6	7	YES

3 Did you have the services of the following staff? If yes, rate them: 1-inadequate, 2-average, 3-very good

	NO	1	2	3		NO	1	2	3
Vision Specialist	___	___	___	___	Nurse	___	___	___	___
Audiologist	___	___	___	___	O.T.	___	___	___	___
Family Counselor	___	___	___	___	P.T.	___	___	___	___
Child Care Workers	___	___	___	___	Aides	___	___	___	___
Transportation	___	___	___	___	Speech Ther.	___	___	___	___
Instructional Super.	___	___	___	___	Pre Voc	___	___	___	___
Behavioral Consultant	___	___	___	___	Physicians	___	___	___	___
Mobility Instructor	___	___	___	___					

EQUIPMENT

1	Was the equipment satisfactory?	not at all	1	2	3	4	5	6	7	very
2	Were small equipment and materials purchased in a timely fashion?	not at all	1	2	3	4	5	6	7	very much so
3	Was large equipment purchased in a timely fashion?	not at all	1	2	3	4	5	6	7	very much so

4 Do you have these facilities? If yes, rate them: 1-inadequate, 2-average, 3-very good

	NO	1	2	3		NO	1	2	3
Playground	___	___	___	___	Kitchen	___	___	___	___
Therapy room	___	___	___	___	Pool	___	___	___	___
Adaptive bathrooms	___	___	___	___	Gym	___	___	___	___

DIRECTIONS TO SECTION 7

7.0 Answer the questions to the best of your knowledge. You may include additional pages if necessary.

Items 7.2 and 7.3 -- Questions 7.2 and 7.3 should only be completed one time per teacher as they do not pertain to each student.

GENERAL QUESTIONS

7.1 In your opinion, what most affected this student's achievement of educational goals:

The following questions should be completed only once per teacher.

7.2 What are the best and worst aspects of your facilities and supervisory staff?

7.3 What suggestions do you have for deaf/blind projects, and what do you do individually to prevent disenchantment or "staff burnout?"

APPENDIX C

CODE	SCHOOL	LOCATION
1	Ada Wilson Hospital	Corpus Christi
2	Arlington Independent School District	Arlington
3	Austin State School	Austin
4	Callier Center for Communication	Dallas
5	Capital Area Rehabilitation Center	Austin
6	Center for Multiple Handicapped	Houston
7	Denton State School	Denton
8	Eloise Japhet School	San Antonio
9	Fort Worth Independent School District	Fort Worth
10	Infant-Parent Training Program	Austin
11	Lubbock State School	Lubbock
12	Mexia State School	Mexia
13	Milam Training Center	Lubbock
14	Region I Education Service Center	Edinburg
15	Region XIX Education Service Cented	El Paso
16	Region XX Education Service Center	San Antonio
17	Richmond State School	Richmond
18	South San Antonio Independent School District	San Antonio
19	Texas School for the Blind Annex	Austin
20	Travis State School	Austin

APPENDIX D

CODE	ETIOLOGY
1	Unknown
2	Rubella
3	Anoxia
4	Cerebral Palsy
5	Congenital
7	Cytomegalic Inclusion Disease
9	Developmental Delay
10	Downs Syndrome
13	Hydrocephaly
14	Meningitis
15	Microcephaly
23	Premature

APPENDIX E

TEACHER AND ADMINISTRATOR RESPONSE TO "WHAT SUGGESTIONS DO YOU HAVE FOR DEAF/BLIND PROJECTS" AND "WHAT DO YOU DO TO PREVENT STAFF 'BURNOUT'"

One question on the teacher's form was to state suggestions for deaf/blind projects. Overall there was a wide variation of answers, but there were three areas which were mentioned quite frequently. The suggestion mentioned most often had to do with the need for constant and high quality inservice training or workshops. The importance of a good student/instructor ratio was second, while the need for development of extended living facilities was third.

On the form, the teachers were also asked to state what they do personally to prevent disenchantment or "staff burnout." Again, three areas seemed to stand out. As with the former question, the importance of inservice training or workshops was mentioned most frequently. Right behind this in frequency was the necessity of small, informal staff meetings to not only generate new ideas, but to also dispell problems as they arise. The third item in this group was a reminder of the importance of getting out of the routine every once in a while. Both field trips and shopping trips were mentioned frequently, as well as the idea of creating new but still goal-oriented activities.

Administrators were also given a chance to give suggestions for deaf/blind projects and also any ideas they might have to prevent disenchantment with jobs. As would be expected, the number of administrative positions is a good deal smaller than the number of teaching positions,

so the bulk of administrative repsonses did not approach that of the teachers. What was received did seem to fall into certain categories. Of the suggestions for deaf/blind projects, the need for adequate funding was the Number One response. And, again the necessity for inservice training was listed as fundamental to the continuation of high quality work with deaf/blind. Ideas like paying "worthy" staff more money and the importance of regular staff meetings were seen in both the teachers' and the administrators' lists of responses.

Number One on the administrators' list for ways to combat "staff burnout" was, again, the necessity for more motivating workshops. Another suggestion tied closely to this was the need for opportunities to observe other deaf/blind projects for new ideas. Again, as with the teachers, staff conferences and group discussions were listed frequently. The idea of giving the staff opportunities to participate in decision making processes was mentioned several times by administrators.